

**BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP**

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INTELLECTUAL PROPERTY LAW  
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CENTRAL FAX CENTER**FACSIMILE COVER SHEET****OCT 19 2006**

Deliver to: Donald Champagne, USPTO Art Group: 3622  
Facsimile No.: 571-273-8300 Date: October 19, 2006  
From: Jonathan S. Miller, Reg. No. 48,534  
Our Docket No.: 4346P001X3 Number of pages 6 including this sheet.  
Application No.: 10/646,066 Filing Date: 8/21/2003  
Docket Due Date(s): \_\_\_\_\_

Enclosed are the following documents:

- |   |   |
|---|---|
| <input type="checkbox"/> Amendment: _____ (____ pgs)  | <input type="checkbox"/> Issue Fee Transmittal                                    |
| <input type="checkbox"/> Appeal Brief (____ pgs)  | <input type="checkbox"/> Notice of Appeal   |
| <input type="checkbox"/> Application: _____<br>(____ pgs) w/cover & abstract  | <input type="checkbox"/> Petition for: _____                                      |
| <input type="checkbox"/> Assignment & Cover Sheet (____ pgs)  | <input type="checkbox"/> Request for Continued Examination (RCE)                  |
| <input type="checkbox"/> Certificate of _____   | <input type="checkbox"/> Reply Brief (____ pgs)                                   |
| <input type="checkbox"/> Continued Prosecution Application (CPA)  | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)     |
| <input type="checkbox"/> Declaration & POA (____ pgs)   | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request       |
| <input type="checkbox"/> Drawings: ____ sheets, ____ figures  | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Extension of Time: _____   | <input type="checkbox"/> Response to Written Opinion (____ pgs)                   |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate)  | <input type="checkbox"/> Terminal Disclaimer                                      |
| <input type="checkbox"/> IDS & PTO/SB/08 (____ pgs)   | <input type="checkbox"/> Transmittal of Publication Fee Due                       |
| <input checked="" type="checkbox"/> Other Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address | <input checked="" type="checkbox"/> Transmittal Letter                            |

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)**

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Melissa Stead

10/19/2006  
Date

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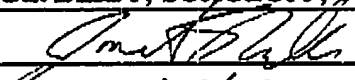
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|   |   |                        |                       |
|---|---|------------------------|-----------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |   | Application No.        | 10/646,066            |
|   |   | Filing Date            | August 21, 2003       |
|   |   | First Named Inventor   | Elliott A. Gottfurcht |
|   |   | Art Unit               | 3622                  |
|   |   | Examiner Name          | Donald Champagne      |
| Total Number of Pages in This Submission  | 4 | Attorney Docket Number | 4346P001X3            |

| ENCLOSURES (check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> PTO/SB/08<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Basic Filing Fee<br><input type="checkbox"/> Declaration/POA<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s)<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below):<br><div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| Remarks   |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Jonathan S. Miller, Reg. No. 48,534<br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP       |
| Signature                                  |  |
| Date                                       | 10/19/06  |

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| Typed or printed name  | Melissa Stead   |      |          |
| Signature  |  | Date | 10-19-06 |

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2008.  
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**FEE TRANSMITTAL  
for FY 2005***Patent fees are subject to annual revision.*☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

(\$)

**Complete if Known**

|                      |                      |
|----------------------|----------------------|
| Application Number   | 10/646,066           |
| Filing Date          | August 21, 2003      |
| First Named Inventor | Elliot A. Gottfurcht |
| Examiner Name        | Donald Champagne     |
| Art Unit             | 3622                 |
| Attorney Docket No.  | 4346P001X3           |

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

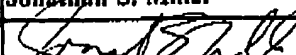
☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.☒ Credit any overpayments**FEE CALCULATION**

| Large Entity |          | Small Entity |          | Fee Description  | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |  |          |
| 1051         | 130      | 2051         | 65       | Surcharge - late filing fee or oath                              |          |
| 1052         | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet.          |          |
| 2053         | 130      | 2053         | 130      | Non-English specification  |          |
| 1251         | 120      | 2251         | 60       | Extension for reply within first month                           |          |
| 1252         | 450      | 2252         | 225      | Extension for reply within second month                          |          |
| 1253         | 1,020    | 2253         | 510      | Extension for reply within third month                           |          |
| 1254         | 1,590    | 2254         | 795      | Extension for reply within fourth month                          |          |
| 1255         | 2,160    | 2255         | 1,080    | Extension for reply within fifth month                           |          |
| 1401         | 500      | 2401         | 250      | Notice of Appeal   |          |
| 1402         | 500      | 2402         | 250      | Filing a brief in support of an appeal                           |          |
| 1403         | 1,000    | 2403         | 500      | Request for oral hearing   |          |
| 1451         | 1,510    | 2451         | 1,510    | Petition to Institute a public use proceeding                    |          |
| 1460         | 130      | 2460         | 130      | Petitions to the Commissioner                                    |          |
| 1807         | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17(q)                              |          |
| 1806         | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                        |          |
| 1809         | 790      | 1809         | 395      | Filing a submission after final rejection (37 CFR § 1.129(a))    |          |
| 1810         | 790      | 2810         | 395      | For each additional invention to be examined (37 CFR § 1.129(b)) |          |

Other fee (specify) \_\_\_\_\_

SUBTOTAL (2) (\$)

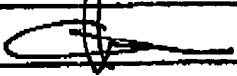
**SUBMITTED BY****Complete (if applicable)**

|                   |   |                                      |          |           |                |
|-------------------|---|--------------------------------------|----------|-----------|----------------|
| Name (Print/Type) | Jonathan S. Miller  | Registration No.<br>(Attorney/Agent) | 48,534   | Telephone | (310) 207-3800 |
| Signature         |  | Date                                 | 10/19/06 |           |                |

Based on P113587 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 12/15/2004.  
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|--|---|----------------------|----------------|--------------------|
| <b>REVOCATION OF POWER OF ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b>   | Application No.   | 10/646,066           |                |                    |
|  | Filing Date   | August 21, 2003      |                |                    |
|  | First Named Inventor  | Elliot A. Gottfurcht |                |                    |
|  | Group Art Unit  | 3622                 |                |                    |
|  | Examiner Name   | Donald Champagne     |                |                    |
|  | Attorney Docket Number  | 4346P001X3           |                |                    |
| <b>I hereby revoke all previous powers of attorney given in the above-identified application:</b>  |   |                      |                |                    |
| <input type="checkbox"/> A Power of Attorney is submitted herewith.<br>OR<br><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with Customer Number: <b>08791</b>                      |   |                      |                |                    |
| <input type="checkbox"/> Please change the correspondence address for the above-identified application to:<br><input type="checkbox"/> The address associated with Customer Number: <b>08791</b><br>OR                 |   |                      |                |                    |
| <input checked="" type="checkbox"/> Firm or Individual Name  | BLAKELY, SOKOLOFF, TAYLOR & ZAPMAN LLP  |                      |                |                    |
| Address  | 12400 Wilshire Boulevard, 7th Floor   |                      |                |                    |
| Address  |   |                      |                |                    |
| City   | Los Angeles   | State                | California     | Zip Code 90025     |
| Country  | U.S.A.  | Telephone            | (310) 207-3800 | Fax (310) 820-5988 |
| I am the:<br><input checked="" type="checkbox"/> Applicant.<br><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |   |                      |                |                    |
| <b>SIGNATURE of Applicant or Assignee of Record</b>  |   |                      |                |                    |
| Name   | ELLIOT GOTTFURCHT   |                      |                |                    |
| Signature  |  |                      |                |                    |
| Date   | 10.19.06  |                      |                |                    |
| <small>NOTE: Signatures of all the inventors or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>    |   |                      |                |                    |
| <input type="checkbox"/> Total of _____ forms are submitted.   |   |                      |                |                    |

Based on PTO/SB/92 (04-05) as modified by BSTZ (11/30/2005 - VLR)  
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